


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 08:00 AM
Secretary of State

| | | | | | |
|--|--|---------------------------------|---|--|---|
| DOCUMENT # S58396 1. Entity Name GENTILUOMO ENTERPRISES, INC. | | | |  | |
| Principal Place of Business 5702 MARINA DR HOLMES BCH. FL 34217 US | | | Mailing Address 5702 MARINA DR HOLMES BEACH FL 34217 US | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 65-0266126 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent GENTILUOMO, BARBARA 603 KEY ROYALE DR. HOLMES BCH. FL 34217 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY ST ZIP | DPST GENTILUOMO, BARBARA 603 KEY ROYALE DR. HOLMES BEACH FL 34217 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | U000000621033 02/09/07-80058-021 150.00 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | VP GENTILUOMO, FRANK 603 KEY ROYALE DR. HOLMES BCH. FL 34217 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <i>Barbara Gentiluomo</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | 2/2/07 (941) 78-1078 Date Daytime Phone # | |